jected into the lumbar subarachnoid space refluxes into the ventricular system rather than pass over the cerebral cortex, and the spinal fluid absorption is defective as demonstrated with the "flush" test. In this syndrome, ventriculoatrial shunting has frequently resulted in dramatic improvement in the clinical status of these patients.

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Treatment of Febrile Seizures

GENERALIZED CONVULSIONS associated with fever constitute a common neurological problem in children under three years of age. Whether and how the patient subject to febrile convulsions should be treated continues to be a subject of controversy. The ideal prophylactic therapy consists of prevention of sudden rises of temperature with aspirin; this is obviously a difficult and impractical approach. The use of aspirin and phenobarbital when the child is afflicted with a febrile illness has been recommended by some observers, while the continuous administration of an anticonvulsant agent—phenobarbital or dilantin—is advocated by others. Recent studies suggest that diphenylhydantoin is ineffective in preventing febrile convulsions even when effective serum concentrations of the drug are achieved. On the other hand, phenobarbital administered twice a day in double the normal dose for three days (60 to 150 mg per day depending on weight) followed by a maintenance dose given twice daily (30 to 75 mg per day) appears to be effective prophylactic treatment provided blood levels of the drug are maintained between 10 and 20 micrograms per ml. Since adequate blood levels usually cannot be achieved in less than three days, intermittent therapy is bound to be ineffective.

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The Neurology of Drug Abuse

COMPLICATIONS ARISING from drug abuse frequently mimic primary medical and neurological disorders. Familiar examples are subacute bacterial endocarditis and mycotic aneurysm following intravenous heroin, seizures with barbiturates, and organic psychosis after amphetamines. Recently, the occurrences of strokes and subarachnoid hemorrhages (SAH) have dramatically brought to the attention of practitioners yet another disabling and serious complication of drug abuse. The mechanisms of stroke and SAH are not completely understood, but they relate to (1) allergic vasculitis, (2) vascular spasm, or (3) intense hypertension.

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Prophylaxis of Vascular Headaches

METHYSERGIDE (Sansert®, Sandoz), 2 to 8 mg daily, provides effective headache prevention in 50 to 70 percent of patients with migraine and other vascular headaches. Serious side effects associated with prolonged use of methysergide include peripheral vascular insufficiency and retroperitoneal, cardiac valvular, and pleuropulmonary fibrosis. Patients receiving the drug should be examined monthly for such side effects and, in addition to frequent blood and urine studies, should have chest films, electrocardiograms and intravenous pyelograms performed at least yearly. The risk of side effects is reduced by stopping the drug for one month every six months. The use of methysergide should be restricted primarily to patients with one or more severe migraine headaches monthly and patients with cluster headaches. Some patients will find ergotamine tartrate, 0.5 to 1.0 mg daily, as effective as methysergide but with a much lower incidence of serious side effects.

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